

COMPLAINT FORM

UT-2004-0__ -UT00__

UDOT/MOTOR CARRIER DIVISION
 4501 S 2700 W
 BOX 148240
 SALT LAKE CITY UT 84114-8240

PHONE: (801) 957-8581
 FAX: (801) 965-4847

Date:	
Name of Complainant:	Phone/cell:
Street Address:	Fax:
City, State, Zip :	E-Mail:
Name of Motor Carrier:	
Street Address:	Phone:
City, State, Zip:	Fax:
USDOT#:	E-Mail:
<p>Complaint: Complaints must allege violations of the Federal Motor Carrier Safety Regulations. Violations must have occurred within the previous 60 days. List any actions you have taken to resolve violations with the Motor Carrier. Statements must be concise and factual. Please list specific dates, times and circumstances; including vehicle license #, VIN or unit number, along with names of owner, dispatch and drivers as appropriate. Attach any roadside inspections, accident reports, shipping documents, logs or driver vehicle inspection reports, etc. that support your claim.</p>	
List the specific relief you seek:	
Signature:	
For Office Use Only	
Disposition: (circle one) Dismissed Referred for audit	Date assigned:
	Investigator assigned:
Research: (list most current information) CR date/rating: Enforcement: Safestat list:	New CR date/rating:
	Enforcement:
	Date letter sent to complainant:
	Date closed: